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| DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           | Attorney Docket Number |                 | 71268                                                           |                  |                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------|-----------------|-----------------------------------------------------------------|------------------|----------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           | First Named Inventor   |                 | Cyr et al.                                                      |                  |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           | COMPLETE IF KNOWN      |                 |                                                                 |                  |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           | Application Number     |                 |                                                                 |                  |                |  |
| Declaration Submitted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Declaration                               | Filing Date            |                 |                                                                 |                  |                |  |
| with Initial OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Submitted after Initial Filing (surcharge | Group Art Unit         |                 |                                                                 |                  |                |  |
| Filing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (37 CFR 1.16 (e)) required)               | Examiner Name          |                 |                                                                 |                  |                |  |
| As a below named inventor, I hereby declare that:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                           |                        |                 |                                                                 |                  |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           |                        |                 |                                                                 |                  |                |  |
| My residence, mailing address, and citizenship are as stated below next to my name.  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:                                                                                                                                                                            |                                           |                        |                 |                                                                 |                  |                |  |
| THERMALLY STABLE, ANTHRAQUINONE COLORANTS CONTAINING COPOLYMERIZABLE VINYL GROUPS                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                           |                        |                 |                                                                 |                  |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           | (Title of Invention)   |                 |                                                                 |                  |                |  |
| the specification of which is attached hereto OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           |                        |                 |                                                                 |                  |                |  |
| was filed on (MM/DD/YYYY) as United States Application Number or PCT International                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                        |                 |                                                                 |                  |                |  |
| Application Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | and                                       | was amended on (MM     | /DD/ <b>Y</b> 1 | m                                                               |                  | f applicable). |  |
| I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.                                                                                                                                                                                                                                                                                                                                               |                                           |                        |                 |                                                                 |                  |                |  |
| I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.                                                                                                                                                                                  |                                           |                        |                 |                                                                 |                  |                |  |
| I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed. |                                           |                        |                 |                                                                 |                  |                |  |
| Prior Foreign Application<br>Number(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | rior Foreign Application                  |                        | Date            | Priority<br>Not Claimed                                         | Certified Cop    |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           |                        |                 |                                                                 |                  |                |  |
| Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           |                        |                 |                                                                 |                  |                |  |
| recept claim the benefit under Title 35 USC 119(e) of any United States provisional application(s) listed below.                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           |                        |                 |                                                                 |                  |                |  |
| Application Number(s) Filing [                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           | Date (MM/DD/YYYY)      |                 |                                                                 |                  |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           |                        |                 | Additional Provisional application numbers are listed on a      |                  |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           |                        |                 | supplemental priority data sheet<br>PTO/SB/02B attached hereto. |                  |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           |                        |                 |                                                                 | ozo attached III | ereto.         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           |                        | _               |                                                                 |                  |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           |                        |                 |                                                                 |                  |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           |                        |                 |                                                                 |                  |                |  |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |                        |                 |                                                                 | •                |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           |                        |                 |                                                                 |                  | ľ              |  |

## **DECLARATION** — Utility or Design Patent Application

| States or F<br>which is m                                                                                                                                                                                                                                                                                                            | PCT International application | in the mar                 | nner provide                  | ed by the f            | irst para                          | ici of the claims of this                          | applica    | tion is not                          | application designating the disclosed in the prior United a duty to disclose information the filing date of the prior |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------|-------------------------------|------------------------|------------------------------------|----------------------------------------------------|------------|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--|
| U.S.                                                                                                                                                                                                                                                                                                                                 | Parent Application<br>Number  | ation PCT Parent<br>Number |                               |                        | Parent Filing Date<br>(MM/DD/YYYY) |                                                    | Pa         | Parent Patent Number (if applicable) |                                                                                                                       |  |
| 09/633,548                                                                                                                                                                                                                                                                                                                           |                               |                            |                               |                        | 08/07/00                           |                                                    |            | ·                                    |                                                                                                                       |  |
| Additional U.S. or PCT international application numbers are list                                                                                                                                                                                                                                                                    |                               |                            |                               |                        | sted on                            | a supplemental prior                               | ity data   | Shoot atta                           | ahad baasa                                                                                                            |  |
| Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet attached hereto.  As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:        |                               |                            |                               |                        |                                    |                                                    |            |                                      |                                                                                                                       |  |
| Name                                                                                                                                                                                                                                                                                                                                 |                               |                            | Registration<br>Number        |                        |                                    | Name                                               |            |                                      | Registration<br>Number                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                      | ose M. Allen                  | 1                          | 35,4                          | 24                     |                                    | Karen A. Harding                                   |            |                                      | 33,967                                                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                      | ichael J. Blake               |                            | 37,0                          | 96                     |                                    | Matthew W. Smith                                   |            |                                      | 35,366                                                                                                                |  |
| Be                                                                                                                                                                                                                                                                                                                                   | etty J. Boshears              |                            | 33,8                          | 64                     |                                    | Cheryl J. Tut                                      |            |                                      | 38,346                                                                                                                |  |
| Bernard J, Graves, Jr.                                                                                                                                                                                                                                                                                                               |                               |                            | 33,239                        |                        |                                    | Jonathan D.                                        |            |                                      | 39,076                                                                                                                |  |
| Additi                                                                                                                                                                                                                                                                                                                               | onal registered practitioner  | (s) named                  | on supple                     | mental Re              | egistere                           | ed Practitioner Informa                            | tion she   | ant attach                           | 39,070                                                                                                                |  |
| Direct all o                                                                                                                                                                                                                                                                                                                         | correspondence to:            |                            |                               |                        |                                    |                                                    | 20011 3110 | ct attach                            | ed riereto                                                                                                            |  |
| Name                                                                                                                                                                                                                                                                                                                                 |                               |                            |                               |                        |                                    |                                                    |            |                                      |                                                                                                                       |  |
| Address                                                                                                                                                                                                                                                                                                                              |                               |                            |                               |                        |                                    |                                                    |            |                                      |                                                                                                                       |  |
| Address                                                                                                                                                                                                                                                                                                                              |                               |                            |                               |                        |                                    |                                                    |            |                                      |                                                                                                                       |  |
| City                                                                                                                                                                                                                                                                                                                                 | ity Kingsport                 |                            |                               |                        |                                    |                                                    |            |                                      |                                                                                                                       |  |
| Country                                                                                                                                                                                                                                                                                                                              | LICA                          |                            | lonhone                       | (423)                  | State                              | Tennessee                                          | . —        | T (100)                              | ZIP 37662                                                                                                             |  |
|                                                                                                                                                                                                                                                                                                                                      |                               |                            | lephone                       |                        |                                    |                                                    | Fax        |                                      | 229-1239                                                                                                              |  |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so validity of the application or any patent issued thereon. |                               |                            |                               |                        |                                    |                                                    |            |                                      |                                                                                                                       |  |
|                                                                                                                                                                                                                                                                                                                                      | Sole or First Invento         |                            |                               |                        |                                    | petition has been filed for this unsigned inventor |            |                                      |                                                                                                                       |  |
| Given Name (first and middle [if any])                                                                                                                                                                                                                                                                                               |                               |                            | $T^{-}$                       | Family Name or Surname |                                    |                                                    |            |                                      |                                                                                                                       |  |
| Michael John                                                                                                                                                                                                                                                                                                                         |                               |                            | 1                             | Cyr                    |                                    |                                                    |            |                                      |                                                                                                                       |  |
| Inventor's Signature Date July 23, 200]                                                                                                                                                                                                                                                                                              |                               |                            |                               |                        |                                    |                                                    |            |                                      |                                                                                                                       |  |
| Residence                                                                                                                                                                                                                                                                                                                            | City<br>Kingsport             | S                          | tate<br>Tennes                | ssee                   | Cou                                | u.s.A.                                             |            | (/<br>Citizens                       | hip<br>U.S.A.                                                                                                         |  |
| Mailing Address                                                                                                                                                                                                                                                                                                                      |                               |                            |                               |                        |                                    |                                                    |            |                                      |                                                                                                                       |  |
| 204 Coralwood Dr                                                                                                                                                                                                                                                                                                                     |                               |                            |                               |                        |                                    |                                                    |            |                                      |                                                                                                                       |  |
| City State Tennessee                                                                                                                                                                                                                                                                                                                 |                               |                            | ZIP Country 37663-2712 U.S.A. |                        |                                    |                                                    |            |                                      |                                                                                                                       |  |
| Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.                                                                                                                                                                                                               |                               |                            |                               |                        |                                    |                                                    |            |                                      |                                                                                                                       |  |
| 2 Supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.                                                                                                                                                                                                                                                           |                               |                            |                               |                        |                                    |                                                    |            |                                      |                                                                                                                       |  |

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| DECLARATIO                                                                                       | N<br>       | ADDITIONAL INVENTOR(S) Supplemental Sheet            |                |  |  |  |  |
|--------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------|----------------|--|--|--|--|
| Name of Additional Joint Inventor,                                                               | if any:     | A petition has been filed for this unsigned inventor |                |  |  |  |  |
| Given Name (first and middle                                                                     | e (if anyl) |                                                      |                |  |  |  |  |
| Max Allen                                                                                        | <u> </u>    | Family Name or Surname                               |                |  |  |  |  |
|                                                                                                  |             | Weaver                                               |                |  |  |  |  |
|                                                                                                  | Worn        | Date July 24, 2001                                   |                |  |  |  |  |
| Residence: City                                                                                  | State       | Country Citizenship                                  |                |  |  |  |  |
| Kingsport                                                                                        | Tennessee   | U.S.A.                                               | U.S.A.         |  |  |  |  |
| Mailing Address  125 Hill Road                                                                   |             |                                                      |                |  |  |  |  |
| City Kingsport State Tennes                                                                      |             | 37664                                                | Country U.S.A. |  |  |  |  |
| Name of Additional Joint Inventor,                                                               |             | A petition has been filed for this unsigned inventor |                |  |  |  |  |
| Given Name (first and middle                                                                     | [if any])   | Family Name or Surname                               |                |  |  |  |  |
| Gerry Foust                                                                                      |             | Rhodes                                               |                |  |  |  |  |
| Inventor's Signature Meny Fou                                                                    | st Rholes   | July 19-23-0/                                        |                |  |  |  |  |
| Residence: City                                                                                  | State       | Country Citizenship                                  |                |  |  |  |  |
| Piney Flats Tennessee                                                                            |             | U.S.A.                                               | U.S.A.         |  |  |  |  |
| Mailing Address 216 Allison Court                                                                |             |                                                      |                |  |  |  |  |
| City State Tennessee                                                                             |             | ZIP<br>37686-4038                                    | Country U.S.A. |  |  |  |  |
| Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor |             |                                                      |                |  |  |  |  |
| Given Name (first and middle                                                                     | [if any])   | Family Name or Surname                               |                |  |  |  |  |
| Jason Clay                                                                                       |             | Pearson                                              |                |  |  |  |  |
| Inventor's Signature Jasa Clay                                                                   | Pearse      |                                                      |                |  |  |  |  |
| Residence: City                                                                                  | State       | Country                                              | Citizenship    |  |  |  |  |
| Kingsport Tennessee                                                                              |             | U.S.A.                                               | U.S.A.         |  |  |  |  |
| Mailing Address 116 Pickens Court                                                                |             |                                                      |                |  |  |  |  |
| City                                                                                             | State       | ZIP                                                  | Country        |  |  |  |  |
| Kingsport                                                                                        | Tennessee   | 37663                                                | U.S.A.         |  |  |  |  |

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| DECLARATIO                                                                                       | N                  | Supplemental Sheet                                   |                                 |  |  |  |  |
|--------------------------------------------------------------------------------------------------|--------------------|------------------------------------------------------|---------------------------------|--|--|--|--|
| Name of Additional Joint Inventor,                                                               | if any:            | A petition has been filed for this unsigned inventor |                                 |  |  |  |  |
| Given Name (first and middle                                                                     | e (if anvi)        |                                                      |                                 |  |  |  |  |
| Phillip Michael                                                                                  |                    | 1 811                                                | Family Name or Surname  Cook    |  |  |  |  |
| 2                                                                                                |                    |                                                      |                                 |  |  |  |  |
| Inventor's Signature Paul Medial God Date JV23, 200/                                             |                    |                                                      |                                 |  |  |  |  |
| Residence: City                                                                                  | State              | Country                                              | Citizenship                     |  |  |  |  |
| Kingsport                                                                                        | Tennessee          | U.S.A.                                               | U.S.A.                          |  |  |  |  |
| Mailing Address  231 Saddle Ridge Drive                                                          |                    |                                                      |                                 |  |  |  |  |
| City<br>Kingsport                                                                                | State<br>Tennessee | ZIP<br>37664-4780                                    | Country U.S.A.                  |  |  |  |  |
| Name of Additional Joint Inventor,                                                               | if any:            | A petition has been f                                | iled for this unsigned inventor |  |  |  |  |
| Given Name (first and middle                                                                     | [if any])          | Family Name or Surname                               |                                 |  |  |  |  |
| Jos Simon                                                                                        |                    | De Wit                                               |                                 |  |  |  |  |
| Inventor's Signature Date July 23, 2001                                                          |                    |                                                      |                                 |  |  |  |  |
| Residence: City //<br>Kingsport                                                                  | State<br>Tennessee | Country U.S.A.                                       | Citizenship U.S.A.              |  |  |  |  |
| Mailing Address 205 Shoals Road                                                                  |                    |                                                      |                                 |  |  |  |  |
| City State                                                                                       |                    | ZIP                                                  | Country                         |  |  |  |  |
| Kingsport                                                                                        | Tennessee          | 37663                                                | U.S.A.                          |  |  |  |  |
| Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor |                    |                                                      |                                 |  |  |  |  |
| Given Name (first and middle                                                                     | [if any])          | Family Name or Surname                               |                                 |  |  |  |  |
| Larry Keith                                                                                      |                    | Johnson                                              |                                 |  |  |  |  |
| Inventor's Signature Larry Keith Johnson Date July 23, 2001                                      |                    |                                                      |                                 |  |  |  |  |
| Residence: City                                                                                  | Štate              | Country                                              | Citizenship                     |  |  |  |  |
| Kingsport                                                                                        | Tennessee          | U.S.A.                                               | U.S.A.                          |  |  |  |  |
| Mailing Address                                                                                  |                    |                                                      |                                 |  |  |  |  |
| 126 Kingfisher Court                                                                             |                    |                                                      |                                 |  |  |  |  |
| Kingsport State Tennes                                                                           |                    | 37663-2856                                           | Country U.S.A.                  |  |  |  |  |